

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**  
**COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <div style="text-align: right; font-size: small;">                     06 JUL 2006                      7 PM 5:46                      CITY OF EL PASO                      CLERK OF COURT                 </div>																		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">MS / MRS / MR</td> <td style="width:33%; border: none;">FIRST</td> <td style="width:33%; border: none;">MI</td> </tr> <tr> <td style="border: none;">Mr.</td> <td style="border: none;">Eduardo</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none;">LAST</td> <td style="border: none;">SUFFIX</td> </tr> <tr> <td style="border: none;">Eddie</td> <td style="border: none;">Holguin</td> <td style="border: none;">Sr.</td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr.	Eduardo		NICKNAME	LAST	SUFFIX	Eddie	Holguin	Sr.	<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked   <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> Date Processed  Date Imaged  	Receipt #	Amount				
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NICKNAME	LAST	SUFFIX																			
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<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input checked="" type="checkbox"/> Change of Address	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">ADDRESS / PO BOX;</td> <td style="width:33%; border: none;">APT / SUITE #;</td> <td style="width:33%; border: none;">CITY;</td> <td style="width:33%; border: none;">STATE;</td> <td style="width:33%; border: none;">ZIP CODE</td> </tr> <tr> <td style="border: none;">P.O. Box 17726</td> <td style="border: none;"></td> <td style="border: none;">El Paso, TX</td> <td style="border: none;"></td> <td style="border: none;">79917</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 17726		El Paso, TX		79917									
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Mrs.	Iliana																				
NICKNAME	LAST	SUFFIX																			
	Holguin	N.																			
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	<table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; border: none;">APT / SUITE #;</td> <td style="width:10%; border: none;">CITY;</td> <td style="width:10%; border: none;">STATE;</td> <td style="width:30%; border: none;">ZIP CODE</td> </tr> <tr> <td style="border: none;">501 Nevada, El Paso, TX</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">79902</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	501 Nevada, El Paso, TX				79902								
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Month	Day	Year	Month	Day	Year																
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<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Name</td> </tr> <tr> <td style="border: none;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</td> </tr> </table>			Name	Address / PO Box; Apt. / Suite #; City; State; Zip Code																
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

5,606.5

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

175.5

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

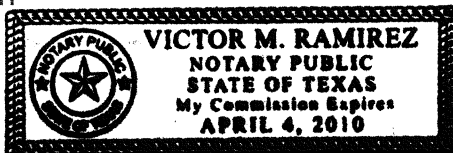
5,588.99

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*E. Alsin*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *W. Eddie Holguin, Jr.* this the 17 day of JULY, 2006, to certify which, witness my hand and seal of office.

*W. Ramirez*

VICTOR M RAMIREZ

CLERK

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/27/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry Foster 6 Contributor address; City; State; Zip Code 12111 Citation El Paso, TX 79936	7 Amount of contribution (\$) \$125.00	8 In-kind contribution description (if applicable) CITY ELTX 05 JUL 17 PM 5:11
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/27/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paseo Properties Contributor address; City; State; Zip Code 6500 Montana El Paso, TX 79925	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Bowling Contributor address; City; State; Zip Code P.O. Box 4136 El Paso, TX 79914	Amount of contribution (\$) \$250.-	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Olive Contributor address; City; State; Zip Code 10100 N. Dyer El Paso, TX 79924	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/27/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Santamaria Contributor address; City; State; Zip Code 7400 Viscount El Paso, TX 79925	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/27/06

Douglas Schwartz

6 Contributor address; City; State; Zip Code

P.O. Box 13411 El Paso, TX 79913

\$500.-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/27/06

Randall Bowling

Contributor address; City; State; Zip Code

4655 Cohen El Paso, TX 79924

\$250.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/27/06

James Scherr

Contributor address; City; State; Zip Code

109 N. Oregon El Paso, TX 79901

\$500.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/27/06

Joe Pickett

Contributor address; City; State; Zip Code

2353 Anise El Paso, TX 79934

\$100.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/27/06

Jose Fong

Contributor address; City; State; Zip Code

2049 Paseo del Rey El Paso, TX 79926

\$300.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/27/06	Jaime & Sofia Wall 6 Contributor address; City; State; Zip Code 325 Belva Way El Paso, TX 79922	\$200.-	
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/06	Gregory Bowling Contributor address; City; State; Zip Code 7484 Plaza Redonda El Paso, TX 79912	\$250.-	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/06	Antonio Cobos Contributor address; City; State; Zip Code 4047 Emery El Paso, TX 79922	\$125.-	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/27/06	Cobina Jimenez Contributor address; City; State; Zip Code 1308 Curranza El Paso, TX 79907	\$50.-	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/15/06	Lineberger & Sampson Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760	\$500.-	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6/27/06

Robert Bowling IV

6 Contributor address; City; State; Zip Code

6705 Pearl Ridge El Paso, TX 79912

\$250.-

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/27/06

T. Lopez

Contributor address; City; State; Zip Code

201 A N. Clark El Paso, TX 79905

\$200.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

6/27/06

Renas Restaurant

Contributor address; City; State; Zip Code

Lee Trevino Dr.

\$1,500.-

Food, Hall Rental

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

*Eddie Holguin, Jr.*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*6/21/06*

5 Payee name

*Ilion Holguin*

6 Payee address; City; State; Zip Code

*P.O. Box 17726 El Paso, TX 79917*

7 Amount (\$)

*\$175.-*

8 Purpose of payment (See instructions regarding type of information required.)

*Stamps - Invitations - Reimbursement*  
(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED